

DISCUSSING PSYCHIATRIC DISABILITY WITH GENERAL PRACTITIONERS

General practitioners, particularly those working in disadvantaged areas, are besieged with disability grant requests from many sources. Psychiatric patients feature predominantly among the requests that GP have to deal with.

It is a well-known fact that the GP's knowledge of psychiatry is not what it should be. Causes for this are numerous and varied, ranging from a negative perspective of psychiatry as a medical specialty, stigma attached to mental disorders, low numbers of psychiatrists in general, etc.

This is aggravated by the fact that psychiatry falls under the wing of Family Medicine in internship and community service training.

However, the number of psychiatric patients needing assistance seems to be on the rise, partly due to poor management of psychiatric disorders in some state sectors, and also because psychiatric patients are often impoverished and unemployed. It is therefore inevitable that GP's will have to deal with numerous DG requests from this rather unfortunate sector of our society.

SSSA (Social Agency) has motivated general practitioners in both private and public sector to take turns to assist with a huge backlog of disability grant applications. These GP have formed themselves into groups under the auspices of SPNX, who are remunerated per patient/per hour to help with these assessments.

It was an invitation issued to me by these doctors to discuss psychiatric disability that highlighted the problem that GP's have.

ISSUED EMERGING FROM DISCUSSIONS

- General practitioners expect clear cut criteria from the psychiatrists about deciding on psychiatric disability.
- They did not expect the psychiatrist to tell them about taking a proper psychiatric history, and in fact, some of them regarded history taking "a waste of time".
- They did not expect to make a diagnosis either. It turns out that most of them knew of only a few psychiatric diagnoses and would arbitrarily attach them to patients, and that the psychiatric patient's outcome would sometimes depend on how the doctor felt on the day.
- The general practitioners had no idea about the various types of Schizophrenia and the prognoses.
- What was impressive though, is that they have built in checks and balances on their assessment procedures. They have a peer review mechanism in place, whereby they periodically assess their performance at handling various requests.
- After lengthy discussions and a lot of skepticism from some, it was agreed that there is a need to improve their knowledge base of psychiatry and psychiatric disability.

THE FUTURE?

- We need general practitioners, not only to help deal with psychiatric disability requests, but also to manage psychiatric patients on a day to day basis.
- Psychiatrists from all sectors need to be involved in training and enhancing the knowledge base of GP's.
- We, as psychiatrists, need to take ownership of our specialty, and issue instructions and guidelines. After all, we are experts in this field and must therefore be seen to be in charge.

Dr. Jan Chabalala
SASOP PRESIDENT ELECT

SASOP ANTI-STIGMA INITIATIVE



Emotional Health
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SASOP Mentor Initiative



Sharing Our Wisdom

From the President's Desk



A Call For Transforming SASOP Structure

SASOP structure needs a review now that we are writing the Articles of Association of the Section 21 SASOP Company. We need ideas on what the national organisation must look like for it to be more efficient and effective.

I was goaded into this need for us to reorganise the structures after I watched the events surrounding the replacement of President Thabo Mbeki by Mr. Jacob Zuma as president of the ANC. It was clear that the BRANCHES of the ANC, and indeed of any political organisation in South Africa, need to be strengthened and respected as both the real locus of political power and the site of Service Delivery.

There has been a discussion in SAMA that the structures be reorganised to be aligned with the Department of Health provinces, regions and districts. The effect of this will be that SASOP members would have a greater awareness of the existing services in various parts of the country, the services SASOP could provide and even a possibility of assisting the Health Department, Social Welfare and Population Development and the Non Governmental Organisations in promoting access for patients to Psychiatric Services.

I put forward a motion that SASOP be organised on a provincial basis, and not as present on Sub Group basis. The structure will be:-

1. The Head Office with the Executive Committee as it exists now.
2. Nine Provincial Sub Groups each represented by a Provincial Executive Committee with Chairperson, Chairperson Elect. Past Chairperson, Secretary and Treasurer.
3. The Extended National Council will comprise:-
 - The Executive Committee
 - The WebMaster and Publications Coordinator
 - The Conference Convener
 - The NINE Provincial Chairpersons
 - Special Interest Group Chairpersons

The proposed structure will ensure that every province is represented and that SASOP presence extends to all the corners of the country. It will also put the SASOP Provincial Committee in juxtaposition with the State, Provincial, Regional and District Psychiatric and Mental Health Care Director. Access for Patients to Quality Mental health care will thus be promoted.

Dr Thabo Rangaka
SASOP PRESIDENT

I look forward to your comments on this proposal. STERKTE! . . . of terloops, AMANDLA!

SASOP and Transformation



Transformation of psychiatry in South Africa is one of the key goals of the South

African Society of Psychiatrists. Transformation of any medical discipline is a challenge due to the multiplicity of areas that require transformation and the lack of resources to achieve such transformation goals. It is not a surprise that Psychiatry in South Africa has many areas that require transformation. These include transformation of the care given to patients both in the state and private sector, appointments of registrars and specialists, the transformation of the way psychiatry is viewed by the medical profession and the society at large, and many other areas.

The focus of the transformation task team of the South African Society of Psychiatrists is on the intake and training of Black doctors in Psychiatry. It is quite apparent that Psychiatry is still lagging behind other medical disciplines in producing Black Psychiatrists. Psychiatry is still failing dismally in producing Black scientists with keen interest in Psychiatry research. Scientific papers published by Black Psychiatrists are extremely rare.

There are many challenges that we face as a profession in order for us to meet our desired goals. South Africa is still not producing enough Black Matriculants with good quality matriculation grades that would be recruited into medicine. Even those candidates that enrol for medicine require the effort of our profession in recruiting them into Psychiatry after their graduation of medicine. We are aware that the various Departments of Psychiatry in our medical schools have programmes aimed at attracting Black medical students into Psychiatry. However, that is not enough. We challenge the Black Psychiatrists to be more visible in dealing with the issues of transformation. Black Psychiatrists have a great role to play in our profession in an effort to advance transformation. This can be done at various levels and also include interacting with the transformation task team.

Dr Mvuyiso Talatala
CONVENOR: TRANSFORMATION

- SASOP ACTIVITIES -



The National Executive Committee had its first meeting of the new year on 29.01.2008. It was a lively meeting attended by most of the executive committee, in this its final year of office. Here are some of the highlights:

- SASOP has noted that there is a need on the side of the pharmaceutical industry to sponsor more and more **weekend symposia and CME events**. Welcome as these are, they often clash with local subgroup activities resulting in poor attendance of the meetings either way. Efforts are being made to bring the various parties together so that a year plan can be drawn up and events can be coordinated. A plea is made to all subgroup chairpersons to have their year programs available as soon as possible, and submit them in time for the extended executive committee meeting on 20.02.2008 (a meeting is planned for that afternoon with the relevant parties).
- The **SASOP constitution** is being rewritten to make it compliant with the requirements of the new "Section 21" status of the society. The process should be completed soon.
- The committee is concerned not only by the internship crisis that has befallen psychiatry, but also about the **number of psychiatrists** that are practicing in our country. Efforts will have to be made to increase these numbers and retain the specialists left in South Africa, as well as encourage more young doctors to take up psychiatry as a field of specialization. To this end, Dr Jan Chabalala, President-Elect, will be addressing us at the planned BMS weekend in mid February on retaining our members now, and increasing our membership in the future.
- The issue of **ownership of private hospitals** by practitioners, **share holding** in these and **licensing** of these establishments is still problematic – Dr Eugene Allers is working hard to resolve some of these issues.
- There is concern that not enough of our members have access to doing, and gaining experience in **contract research**. The issue is being investigated and it is hoped that in the process more members interested in doing research will have access to these opportunities. P3 will be looking at this process and obtaining a list of those interested.
- The **SASOP Congress 2008** convenors have already sent out the first announcement. Abstracts are urgently awaited! For further info please refer to the website. It would seem that an exciting congress is on the cards.

The next meeting will be held on **20.02.2008** where the full extended executive, including the subgroup chairpersons will be present. We look forward to another opportunity for your voice, as SASOP member to be heard!

Dr Ian Westmore
HONORARY SECRETARY

SASOP Clinical Guidelines

A small working group consisting of members from the Academic Development Committee and P3 viz. Drs Eugene Allers, Margaret Nair, Franco

Colin, Thabo Rangaka and Gerhard Grobler (with the assistance of Gerhard Grundling), met over the weekend of 8th, 9th and 10th February to finalise the SASOP Clinical Guidelines. Expenses were kindly sponsored by Lilly.

The task was an arduous one and was a follow-up to the workshop on SASOP guidelines held in June 2006. The effort resulted in a completed first draft. The disorders covered were extensive i.e. Major Depression, Bipolar Disorder, Schizophrenia, all the Anxiety Disorders, Substance Use Disorders, Delirium, Dementia, ADHD and Eating Disorders.

The Clinical Guidelines Working Group will meet again during the month of March to proof-read the final draft and arrange for the final copies to be distributed to all Medical Aids and other relevant parties, and posted on the SASOP website. The next step in the process will be to ensure that Medical Aids utilize SASOP Clinical Guidelines and not their own algorithms for patients on their medical schemes. It is hoped that these guidelines will be of use to the EDL committee as well.

Dr Margaret Nair
FOR ACADEMIC DEVELOPMENT AND P3



Presidents Forum

At the PPP Conference in 2007 Professor Margaret Nair was elected as the convenor of the Presidents Forum. Regrettably, she has asked the President, Dr Thabo Rangaka, to be excused as convenor in order to focus on Headline and Academic Development. Dr Rangaka has now taken over as convenor of the Presidents Forum. Past Presidents are encouraged to write to Dr Rangaka in order to sustain the functioning of this committee.

Headline Editorial Team

Editor: Margaret Nair kapdoc@mweb.co.za

Assistant Editor:

Eugene Allers kopshop@global.co.za

Editor's Assistant (Typing, Layout and Graphics): Winston Padayachee

Honorary Secretary: Ian Westmore westmore@axxess.co.za

Administrative Secretary: Alta Valsamis Aletta.Maritz@wits.ac.za

Webmaster: Gerhard Grobler gpgrobler@absamail.co.za



Opinions of Young Psychiatrists on the Training of Registrars in Psychiatry

The training of registrars in psychiatry in South Africa is constantly evolving. There are many role players that shape and influence such training. These include the medical schools, the South African Society of Psychiatry, the Colleges of Medicine of South Africa, the trainees and the scope of practice of Psychiatry in South Africa as well as internationally. Young Psychiatrists of Southern Africa (YPSA) as a body are participating actively in the development of academia in Southern Africa. The acting executive of the Young Psychiatrists of Southern Africa is represented in the Academic Development Task Team of the South African Society of Psychiatrists.

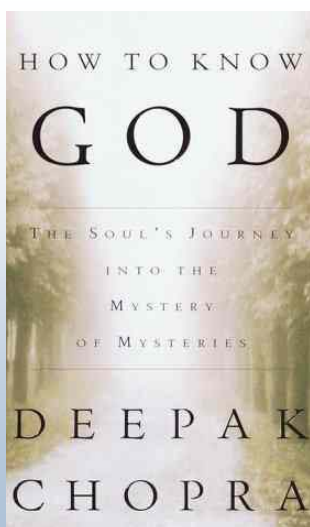
In 2007 the acting executive of (YPSA) obtained opinions of Young Psychiatrists on the training of registrars in psychiatry in South Africa. These opinions are summarised below:

- **Lack of time to do research because of service demands on registrars. Time allocated to service delivery is such that it compromises research and academia of registrars and young consultants.**
- **Need for the introduction of research related module in the registrar training.**
- **A need to expose young psychiatrist to clinical trials.**
- **Standardisation of the rotations that the College of Psychiatry expects registrars to have done before examinations.**
- **Some Universities do not have a recommended list of textbooks.**
- **Improvement in the neurology rotation in some centres so that candidates can get more clinical exposure in neurological conditions.**
- **One centre was cited as providing inadequate training for the Part I College examinations with resultant high failure rate.**
- **Registrars expressed the need to have younger psychiatrist taking part as examiners.**
- **There is a need for feedback regarding performance in the College examinations.**
- **Teaching should be conducted in English to allow all registrars to benefit from training.**

These are some of the opinions of young psychiatrists and registrars. They were mostly obtained via email and summarised by Drs Mvuyiso Talatala and Shadi Motlana. It is the opinion of the Young Psychiatrists that the Academic Development Task Team of the South African Society of Psychiatrists should take most of these matters

Drs Mvuyiso Talatala and Shadi Motlana
YOUNG PSYCHIATRISTS

further in its effort to improve the training of psychiatry and the quality of our profession.



How to Know God

by Deepak Chopra

Rider - Elbury Publishing 2000

In the tradition not only of William James but especially Carl Gustav Jung, Deepak Chopra finds the soul where it belongs, an essential element of being and links spirituality to human needs. In the spirit of Abraham Maslow's *The Farther Reaches of Human Nature*, he carries stages of development/potentiality even beyond self-actualization and peak experience. Chopra sees the soul as the culmination of an evolution that enables man to find God. Most importantly, he puts ways of experiencing God in a development sequence, ontogeny recapitulating phylogeny **spiritually as well as biologically**. 'God is a process'. It is appropriate that Deepak Chopra, who previously dealt with physical health, now approaches spirituality in a similarly inspired way, since growing evidence suggests the two may be linked.

- George Freeman Solomon M.D.,
Emeritus Professor of Psychiatry and Behavioural Sciences,
University of California

Book Club